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FILED

March 31, 2003

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

By: Hakima Bey-Lawson
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**STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS**

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|--------------------------------------|-----------------------------|
| IN THE MATTER OF THE RETIREMENT OF : | Administrative Action |
| THE LICENSE OF : | |
| : | |
| IRADJ SALAH | CONSENT ORDER OF |
| LICENSE NO. MA30641 : | PERMANENT RETIREMENT |
| : | OF LICENSE |
| TO PRACTICE MEDICINE AND SURGERY : | |
| IN THE STATE OF NEW JERSEY : | |

THIS MATTER **was** opened to the New Jersey State Board of Medical Examiners (hereinafter the "Board") upon receipt of information that Iradj Salahi, M.D. (hereinafter the "respondent"), now wishes to permanently retire his license to practice medicine and surgery in the State of **New Jersey**, with prejudice.

IT IS, therefore, on this 31st day of March, 2003,

ORDERED AND AGREED THAT:

1. Respondent, Iradj Salahi, M.D., is hereby granted leave and shall voluntarily **permanently** retire his license to practice

*Answer the questions on both sides of this form. Sign, detach and send the form in the enclosed envelope to
PO Box 639, Trenton, NJ 08646-0639.

YES

NO

1. Do you have a medical condition, not already known to the Board's Impairment Review Committee through your participation in the Alternative Resolution Program, which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?

1.

X

2. If you answered "YES" to question 1, are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?

2.

3. If you answered "YES" to question 1, are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice?

3.

4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?
(See Question 5 for the Fifth Amendment option before responding.)

4.

X

** Question 2: If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.

PO BOX 639
TRENTON, NJ 08646-0639

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